

For Commission Use Only:

Case:

06-0107

ORIGINAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

ORIGINAL

Regarding a complaint by (Person making the complaint):

Shorewood Hospitality Services, Inc.

Against (Utility name):

Commonwealth Edison

As to (Reason for complaint)

Improper Billing and Application of Payments

CHIEF CLERK'S OFFICE

2006 FEB - 6 1 P 2:27

ILLINOIS
COMMERCE COMMISSIONin Shorewood Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

3730 W. Devon Lincolnwood, IL. 60712

The service address that I am complaining about is

19747 W. Frontage Rd.

My home telephone is

[312] 615-0020

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

[847] 763-1480

(Full name of utility company)

Commonwealth Edison

to the provisions of the Illinois Public Utilities Act.

(respondent) is a public utility and is subject

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

Fair metering/billing - specific law unknown

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☐ Yes ☒ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

see attached

Please clearly state what you want the Commission to do in this case: Confirm that the supposed unmetered current and corresponding bills cannot be accurate and the method ComEd used to estimate the supposed current and corresponding bill is unjust.

Date: 2-3-2006
(Month, day, year)

Complainant's Signature

Babu Patel

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

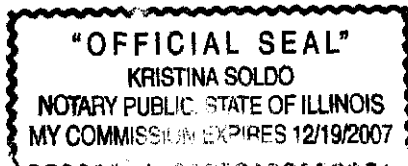
I, Babu Patel, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature)

Babu Patel

Subscribed and sworn/affirmed to before me on (month, day, year) 2-2-06.

Kristina Soldo
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.